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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12756

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3872

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Infirmary O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 18 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1801 PIGGOTT AVE. O
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Augustus Johnson

3. (b) If veteran, name war Worlds War 1

3. (c) Social Security No. 329-10-7734

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mattie Johnson

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Unknown (Month) (Day) 1891 (Year)

8. AGE: Years 51 Months Unknown Days If less than one day hr. min.

9. Birthplace Dallas (City, town, or county) Texas (State or foreign country)

10. Usual occupation Laborer (hod carrier)

11. Industry or business

FATHER
12. Name Alex Johnson
13. Birthplace Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Goodwin
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Roberta Lee
(b) Address 1338 Tudor Ave. E. St. Louis, Ill

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation or removal

18. (a) Signature of funeral director
(b) Address 550 Lindell Ave

19. (a) APR 30 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 25 year 1942 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Intrinal Cerebral Hemorrhage
Duration
Due to Gunshot wound of Chest
Duration
Due to Gun Shot Wounds inflicted at the hands of Jane Mullins Johnson Died at 1801 Piggott Ave. East St Louis 360 Lobby
Duration
6:45 pm Apr 7 1942

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164
Of autopsy 173

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Apr. 7 1942
(c) Where did injury occur? East St Louis Ill (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Gun Shot

23. Signature Alfred J Perry M.D. (M.D. or other)
Address Deputy Coroner Date signed 4/29/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed P. M. Gheen

Licensed Embalmer No. 1173

P. O. Address 1318 E Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.